Fill in this information to identify the case:	Entered 03/20/25 13:21:47 3	Desc Main
Debtor 1 William D. Smith		
Debtor 2 (Spouse, if filing) Christina M. Smith aka Christie M. Smith		
United States Bankruptcy Court for the: Western District of (State Case number 19-23462-GLT	PA )	

### Form 4100R

## **Response to Notice of Final Cure Payment**

10/15

lame of creditor:	Nationstar Mort	gage LLC			Court c	laim no	. (if known):
act 4 digits of any	number you use to ide	intify the debt	or's account	******9247			
	14 High Point Circle	intiny the debt	01 3 4000411				
roperty address:	Number Street			_			
	Harrison City	PA	15636	_			
	City	State	ZIP Code	_			
art 2: Prepetitio	n Default Payments						
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Debtor 1	Willian	n D. Smith		Case number (if known) 19-23462-GLT
	First Name	Middle Name	Last Name	

#### Part 4: Itemized Payment History

If the creditor disagrees in Part 2 that the prepetition arrearage has been paid in full or states in Part 3 that the debtor(s) are not current with all postpetition payments, including all fees, charges, expenses, escrow, and costs, the creditor must attach an itemized payment history disclosing the following amounts from the date of the bankruptcy filing through the date of this response:

- all payments received;
- all fees, costs, escrow, and expenses assessed to the mortgage; and
- all amounts the creditor contends remain unpaid.

Part 5:	Sign	Her

The person proof of cla		gn it. The response r	nust be filed as a supplement to the creditor's
Check the ap	ppropriate box::		
☐ I am the	creditor.		
☑ I am the	creditor's authorized agent.		
	nder penalty of perjury that the infor of my knowledge, information, and	=	nis response is true and correct
•	nt your name and your title, if any, and ice address listed on the proof of clain	•	•
*			Date 3 / 20 / 2025
	Signature		
Print	Eric Smith First Name Middle Name	Last Name	Title Agent for Creditor
Company	Aldridge Pite, LLP		
If different fron	n the notice address listed on the proof of cla	im to which this response a	applies:
Address	Six Piedmont Center 3525 Piedmont R	Road, N.E. Suite 700	
	Atlant City	GA 30305 State ZIP Code	
Contact phone	( <del>404</del> ) <del>994</del> – <del>7600</del>		Email esmith@aldridgepite.com

### **Certificate of Service**

I hereby certify that a copy of the foregoing Response to Notice of Final Cure Payment was served on the parties listed below by postage prepaid U.S. Mail, First Class or served electronically through the Court's ECF System at the e-mail address registered with the Court on

Date: March 20, 2025

Chapter 13 Trustee: Ronda J. Winnecour Trustee Address: Suite 3250, USX Tower 600 Grant Street

Pittsburgh, PA 15219

Trustee Email: <a href="mailto:cmecf@chapter13trusteewdpa.com">cmecf@chapter13trusteewdpa.com</a>

Debtor's Counsel Name: Lauren M. Lamb
Debtor's Counsel Address: Steidl & Steinberg, P.C.

436 7th Ave. Koppers Building

Suite 322 Pittsburgh, PA 15219

Debtor's Counsel Email: <u>llamb@steidl-steinberg.com</u>

Debtor 1 Name: William D. Smith
Debtor 2 Name: Christina M. Smith
Debtor's Mailing Address: 14 High Point Circle
Harrison City, PA 15636

/s/ Ciara M. Pumicpic